

Vonda M. Wallace
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM FTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/807541

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48	1					
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.		43				
TOTAL CLAIMS	50					

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						